



Multiple Individual Release Form

Video Program Release for the individuals named below:

Event: _____
 Program Name: _____
 Producer: _____
 Date: _____
 Location: _____

I have participated in the above Program as indicated above. In consideration of my appearance on the Program, and without any further consideration from you, I hereby grant permission to you to utilize my appearance in any and all media throughout the world in perpetuity.

I understand that the Program may be edited at your sole discretion. I consent to the use of my likeness, voice and biographical material in connection with Program publicity and promotion.

Print Name	Print Address	Write Signature	Signature of Parent/ Guardian if individual is under 18

I expressly release you, your agents, employees, licenses and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the Program.